CHANCE CRAWFORD BENEFIT SOFTBALL TOURNAMENT

"Helping those in need since 1981"

April 16-18, 2010 - Salem, Virginia

www.chancecrawford.org

	ENTRY F	ORM		
Please print all information - All fields required		Classification - Please check one		
Team Name:		_	5 D □ Mens E □ Mens Rec.	
Manager:		□ Womens		
Address:Street			IMPORTANT INFORMATION - PLEASE READ: The Tournament Director along with the Chance Crawford Tournament Committee will	
Phone:(Area) Home	(Area) Work	determine each teams classification of play. Teams will not be notified of class. All decisions are final, no appeals will be accepted.		
Email:		OCTED FORM		
Players Name Plages print	OFFICIAL TEAM R		Classification	
Players Name - Please print	Date of Birth	Team played for last year	Classification	
1 2				
3				
4				
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TEAM MANAGERS AFFIDAVIT - I, as team repretournament rules. I have read and agree to compy verefundable without written appeal subject to approvexperience possible. We can not be responsible for in	vith all touranment rules and those state al by the Chance Crawford Tournament	ed on this form. I also undertand that entry fees rec t Committee. Our intent is to run a quality tournan	eived along with this form are non- ment and provide the best possible	
	Managers Signatu	re:	Data	
Add/Drop List	Check One	TOURNAMENT OFFICIALS ON	Date V - Do not complete	

Players may be added or dropped up until start time of your teams first game.

1

2

Add

Add

Drop

Drop

A.S.A.

N.S.A.

Berth Earned in CCT - 2009

Class

Class

Class_

Eastern Nat'l_____ Regional_____ State_

World_____ Regional____ State_

U.S.S.S.A. Nat'l Divisional_____ State_